



MISSOURI DEPARTMENT OF REVENUE
TAXATION BUREAU
PO BOX 3375, JEFFERSON CITY, MO 65105-3375

**QUALITY JOBS PROGRAM
EMPLOYERS WITHHOLDING REPORT**

Questions? Contact us at:
(573) 751-8750
TDD 1-800-735-2966
FAX (573) 522-1721
withholding@dor.mo.gov

FORM
MO-QJP
(REV. 2-2006)

BUSINESS NAME	MO.TAX I.D. NUMBER (MITS NO.)
OWNER'S NAME	FEDERAL EMPLOYER I.D. NUMBER (FEIN)
CITY, STATE, ZIP CODE	
TAX PERIOD (EXAMPLE: 1ST QTR 2006, NOV 2006)	
Did you electronically file your return for this tax period? Yes <input type="checkbox"/> No <input type="checkbox"/>	

WITHHOLDING TAX RETAINED

DED PRODUCT NO.	FACILITY ADDRESS	WITHHOLDING RETAINED \$
DED PRODUCT NO.	FACILITY ADDRESS	WITHHOLDING RETAINED \$
DED PRODUCT NO.	FACILITY ADDRESS	WITHHOLDING RETAINED \$
DED PRODUCT NO.	FACILITY ADDRESS	WITHHOLDING RETAINED \$
DED PRODUCT NO.	FACILITY ADDRESS	WITHHOLDING RETAINED \$
TOTAL AMOUNT RETAINED		A. \$
WITHHOLDING TAX LIABILITY ON LINE 7 OF FORM MO-941 (or amount electronically filed) . .		B. \$
TOTAL AMOUNT OF WITHHOLDING TAX FOR REPORTING PERIOD (Sum of Boxes A and B) . .		C. \$
SIGNATURE	PRINTED NAME	PHONE NUMBER ()

INSTRUCTIONS FOR COMPLETING FORM MO-QJP

Your completed Form MO-941 must accompany this form, unless electronically filed.

1. Enter the Department of Economic Development (DED) Product Number assigned to each DED approved Quality Jobs Program jobs location and the facility address.
2. Enter the amount of withholding tax retained at each facility address for this reporting period. Use the back of this form or a blank sheet of paper to report additional locations.
3. In Box A, enter the sum of the withholding tax retained from all DED approved locations.
4. In Box B, enter the amount of withholding tax submitted on Form MO-941 or the amount you electronically filed.
5. In Box C, enter the sum of Boxes A and B. This is the total amount of tax withheld from your employees minus any compensation you were allowed to retain for timely filing and payment of your withholding taxes.
6. Sign this form, print your name, and include a phone number where you can be reached.

Important:

- Form MO-941 should be completed **after** you have determined the amount of withholding tax you are allowed to retain and should only contain the amount of withholding tax you are not allowed to retain.
- Compensation on Form MO-941, Line 2 may be taken only on the amount of withholding tax you are not allowed to retain.
- Submit Form MO-QJP at the same filing frequency and at the same time that you are required to submit Form MO-941. For example, if you are a monthly filer of Form MO-941, you must also complete Form MO-QJP on a monthly basis. Even if you are allowed to retain 100% of your withholding tax you must still complete and submit Form MO-941 showing \$0.00 tax withheld.
- If you filed and paid your Form MO-941 electronically, please indicate above and submit Form MO-QJP by the due date of the Form MO-941.

DED PRODUCT NO.	FACILITY ADDRESS	WITHHOLDING RETAINED \$
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TOTAL AMOUNT RETAINED THIS PAGE		\$